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Bib Data Sheet

CONFIRMATION NO. 4964

<b>SERIAL NUMBER</b> 10/007,733	<b>FILING DATE</b> 11/08/2001 <b>RULE</b>	<b>CLASS</b> 340	<b>GROUP ART UNIT</b> 2632	<b>ATTORNEY DOCKET NO.</b> 8775
<b>APPLICANTS</b> Donald Carroll Roe, West Chester, OH; <b>** CONTINUING DATA *****</b> <i>None TM</i> <b>** FOREIGN APPLICATIONS *****</b> <i>None TM</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/10/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i> Verified and Acknowledged <i>TM</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 27741				
<b>TITLE</b> Method of urinary continence training based on an objective measurement of the bladder				
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	